

**Self-Attestation Form for Items U28c/U29c/U29e/U30c**  
**Any wages for first/second/third/fourth quarter after exit quarter?**

On this date, I, \_\_\_\_\_ (Name of Exited Participant), certify that I received wages from \_\_\_ / \_\_\_ / \_\_\_\_\_ to \_\_\_ / \_\_\_ / \_\_\_\_\_, which is after I exited from the SCSEP program.

These wages were compensation for working at (Employer Name) \_\_\_\_\_

Located at (Address of Employer) \_\_\_\_\_

Where I reported directly to (Name of Supervisor) \_\_\_\_\_

----- **OR** -----

On this date, I, \_\_\_\_\_ (Name of Exited Participant), certify that I am unable to continue participating in the SCSEP program and unable to work based on one of the following:

\_\_\_\_\_ I have a documented health/medical exclusion, that is:

1. I am in the care of Dr. \_\_\_\_\_ (Name of Doctor), **and**
2. I have been informed by Dr. \_\_\_\_\_ (Name of Doctor) that
  - a. my medical condition is expected to last at least 90 days, **and**
  - b. my medical condition prevents me from continued participation in the SCSEP program or from working.

\_\_\_\_\_ I have a documented family care exclusion, that is:

1. I am providing care for my family member, \_\_\_\_\_ (Name of Relative and Relationship to Participant),
2. My family member is in the care of Dr. \_\_\_\_\_ (Name of Doctor), **and**
3. I have been informed by Dr. \_\_\_\_\_ (Name of Doctor) that the medical condition is expected to last at least 90 days, **and**
4. My family member requires a level of care which prevents me from continued participation in the SCSEP program or from working.

\_\_\_\_\_ I am institutionalized, that is:

1. I am receiving 24-hour care at \_\_\_\_\_ (Name of Facility), which is a facility such as a prison or a hospital, **and**
2. I have been informed by \_\_\_\_\_ (Name and Position) that I am expected to remain at this facility for at least 90 days, which prevents me from continued participation in the SCSEP program or from working.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)